

In 1995, 91 percent were White, 2 percent were Black, and 5 percent were Hispanic. Of the 2020 admissions, 90 percent were White, 7 percent were Black, and 18 percent were Hispanic.

Forty-one percent of the admissions were ages 26–35.

In 1994, 59 percent of the clients were male, as compared to 45 percent male in 2020.

Based on the results of Maxwell's previous research, females use methamphetamine for energy, to lose weight, and to counter depression.

There is a significant need to consider gender issues in methamphetamine treatment, which could certainly be taken into account by the Office of National Drug Control Policy in its response plan.

Additionally, the Office of National Drug Control Policy should make treatment for methamphetamine addictions the center of its response plan.

The National Institute on Drug Abuse has found that the most effective treatments for methamphetamine addiction at this point are behavioral therapies, such as cognitive-behavioral and contingency management interventions.

For example, the Matrix Model—a 16-week comprehensive behavioral treatment approach that combines behavioral therapy, family education, individual counseling, 12-step support, drug testing, and encouragement for non-drug-related activities—has been shown to be effective in reducing methamphetamine misuse.

Contingency management interventions, which provide tangible incentives in exchange for engaging in treatment and maintaining abstinence from methamphetamines, have also been shown to be effective.

Motivational Incentives for Enhancing Drug Abuse Recovery (MIEDAR), an incentive-based method for promoting cocaine and methamphetamine abstinence, has demonstrated efficacy among methamphetamine misusers through NIDA's National Drug Abuse Clinical Trials Network.

It is, therefore, clear and obvious that treatment should be the center of ONDC's response plan, not incarceration.

Incarcerating those addicted to drugs has clearly not worked considering methamphetamine users continue to use throughout our country despite the present criminal penalties.

This bill is of the utmost importance to me considering the major threat methamphetamines pose in Houston.

The DEA via Operation Crystal Shield, an operation to ramp up enforcement to block the further distribution of methamphetamines into America's neighborhoods, has designated the city of Houston one of eight major transportation hubs for methamphetamines.

The flow of methamphetamines in Houston is significant, with major busts by authorities not being out of the ordinary.

Just two weeks ago, Click2Houston reported an umpire was arrested after authorities say he was in possession of drugs while working around children at a youth baseball tournament in the Houston area this week.

When authorities arrived at the scene, deputies say they found 2.7 grams of crystal meth inside the umpire's vehicle.

Additionally, in May 2021, authorities seized 1,789 pounds of methamphetamines in the north Houston area, as well as large quantities of other narcotics.

According to authorities, the street value of the seizure was approximately \$3.4 million.

The city of Houston is under attack, and the belligerent parties are drug traffickers and their henchmen.

They alone are ruining the lives of countless Americans, but this bill creates a comprehensive response to ensure that no more lives are lost.

It is for that reason, Mr. Speaker, that I am urging my colleagues to support the Methamphetamine Response Act of 2021.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, S. 854.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

SUICIDE TRAINING AND AWARENESS NATIONALLY DELIVERED FOR UNIVERSAL PREVENTION ACT OF 2021

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (S. 1543) to amend the Public Health Service Act to provide best practices on student suicide awareness and prevention training and condition State educational agencies, local educational agencies, and Tribal educational agencies receiving funds under section 520A of such Act to establish and implement a school-based student suicide awareness and prevention training policy.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 1543

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Suicide Training and Awareness Nationally Delivered for Universal Prevention Act of 2021" or the "STANDUP Act of 2021".

SEC. 2. STUDENT SUICIDE AWARENESS AND PREVENTION TRAINING.

(a) IN GENERAL.—Title V of the Public Health Service Act is amended by inserting after section 520A of such Act (42 U.S.C. 290bb–32) the following:

"SEC. 520B. STUDENT SUICIDE AWARENESS AND PREVENTION TRAINING.

"(a) IN GENERAL.—In awarding funds under section 520A, the Secretary shall give priority to applications under such section from a State educational agency, local educational agency, or Tribal educational agency, submitted directly or through a State or Indian Tribe, for funding for activities in secondary schools, where such agency has implemented, or includes in such application a plan to implement, a student suicide awareness and prevention training policy, which may include applicable youth suicide early intervention and prevention strategies implemented through section 520E—

"(1) establishing and implementing a school-based student suicide awareness and prevention training policy in accordance with subsection (c);

"(2) consulting with stakeholders (including principals, teachers, parents, local Tribal officials, and other relevant experts) and, as

appropriate, utilizing information, models, and other resources made available by the Suicide Prevention Technical Assistance Center authorized under section 520C in the development of the policy under paragraph (1); and

"(3) collecting and reporting information in accordance with subsection (d).

"(b) CONSIDERATION.—In giving priority to applicants as described in subsection (a), the Secretary shall, as appropriate, take into consideration the incidence and prevalence of suicide in the applicable jurisdiction and the costs of establishing and implementing, as applicable, a school-based student suicide awareness and prevention training policy.

"(c) SCHOOL-BASED STUDENT SUICIDE AWARENESS AND PREVENTION TRAINING POLICY.—A school-based student suicide awareness and prevention training policy implemented pursuant to subsection (a)(1) shall—

"(1) be evidence-based;

"(2) be culturally- and linguistically-appropriate;

"(3) provide evidence-based training to students in grades 6 through 12, in coordination with school-based mental health resources, as applicable, regarding—

"(A) suicide prevention education and awareness, including associated risk factors;

"(B) methods that students can use to seek help; and

"(C) student resources for suicide awareness and prevention; and

"(4) provide for periodic retraining of such students.

"(d) COLLECTION OF INFORMATION AND REPORTING.—Each State educational agency, local educational agency, and Tribal educational agency that receives priority to implement a new training policy pursuant to subsection (a)(1) shall report to the Secretary the following aggregated information, in a manner that protects personal privacy, consistent with applicable Federal and State privacy laws:

"(1) The number of trainings conducted, including the number of student trainings conducted, and the training delivery method used.

"(2) The number of students trained, disaggregated by age and grade level.

"(3) The number of help-seeking reports made by students after implementation of such policy.

"(e) EVIDENCE-BASED PROGRAM AVAILABILITY.—The Secretary shall coordinate with the Secretary of Education and the Secretary of the Interior to—

"(1) make publicly available the policies established by State educational agencies, local educational agencies, and Tribal educational agencies pursuant to this section and the training that is available to students and teams pursuant to such policies, in accordance with section 543A; and

"(2) provide technical assistance and disseminate best practices on student suicide awareness and prevention training policies, including through the Suicide Prevention Technical Assistance Center authorized under section 520C, as applicable, to State educational agencies, local educational agencies, and Tribal agencies.

"(f) IMPLEMENTATION.—Not later than September 30, 2024, the Secretary shall report to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives the number of recipients of funds under section 520A who have implemented training policies described in subsection (a)(1) and a summary of the information received under subsection (d).

"(g) DEFINITIONS.—In this section:

"(1) The term 'evidence-based' has the meaning given such term in section 8101 of the Elementary and Secondary Education Act of 1965.

“(2) The term ‘local educational agency’ has the meaning given to such term in section 8101 of the Elementary and Secondary Education Act of 1965.

“(3) The term ‘State educational agency’ has the meaning given to such term in section 8101 of the Elementary and Secondary Education Act of 1965.

“(4) The term ‘Tribal educational agency’ has the meaning given to the term ‘tribal educational agency’ in section 6132 of the Elementary and Secondary Education Act of 1965.”.

SEC. 3. EFFECTIVE DATE.

The amendment made by this Act shall apply only with respect to applications for assistance under section 520A of the Public Health Service Act (42 U.S.C. 290bb-32) that are submitted after the date of enactment of this Act.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Kentucky (Mr. GUTHRIE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on S. 1543.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of S. 1543, the Suicide Training and Awareness Nationally Delivered for Universal Prevention Act, also known as the STANDUP Act.

Americans are facing a growing mental health crisis, and that crisis is hitting our Nation's youth particularly hard right now. While the challenges of COVID-19 amplified this crisis, children and young people in the U.S. have been experiencing rising rates of mental health conditions and suicide for years, particularly among youth of color and LGBTQI+ young people.

Between 2008 and 2018, the suicide rate among adolescents and young people increased by nearly 60 percent. Today, Mr. Speaker, suicide is the second leading cause of death among children and young people between the ages of 10 and 24.

Black youth are nearly twice as likely as White youth to die by suicide, and the rate of suicide amongst American Indian and Alaska Native youth is 2½ times the overall national average. Meanwhile, the suicide rate among young Hispanic women increased dramatically in the decade leading up to the pandemic.

Additionally, LGBTQI+ youth are at greater risk for depression and suicide. According to a 2020 survey, 50 percent of LGBTQ youth considered attempting suicide in the prior year.

All of these trends are alarming, so much so that pediatric experts have declared the state of children's mental health a national emergency. Last December, Surgeon General Murthy

issued an advisory on the youth mental health crisis.

Today, the House is continuing its critical work of considering legislation to address the crisis. The STANDUP Act would require State and Tribal education agencies to establish and implement a suicide awareness and prevention training policy for middle- and high-school students. The policy would be required for any agency receiving funding through the Substance Abuse and Mental Health Services Administration, or SAMHSA's Project AWARE funds, and it would need to be evidence based, as well as culturally and linguistically appropriate.

□ 1530

Last May, Mr. Speaker, we passed the House companion of this bill with bipartisan support here on the House floor after it passed out of the Energy and Commerce Committee last Congress. I commend the lead House sponsors of the bill, Representatives PETERS and BILIRAKIS, for their leadership on this issue.

As chairman of the Energy and Commerce Committee, I strongly support legislation that will help bring awareness and promote best practices on suicide prevention among our Nation's youth.

Mr. Speaker, I urge my colleagues to support S. 1543, and I reserve the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I yield myself such time as I may consume.

I rise today in support of S. 1543, the Suicide Training and Awareness Nationally Delivered for Universal Prevention Act, or STANDUP Act.

The House version of this bill, H.R. 586, was led by Representative SCOTT PETERS along with Energy and Commerce Committee colleagues BILIRAKIS, BLUNT ROCHESTER, UPTON, and TONKO. It passed this Chamber unanimously last May.

This legislation helps promote suicide awareness and facilitates prevention training for students and young Americans. For the last decade, suicide has been the second-leading cause of death for Americans ages 10 to 24 and the 10th leading cause of overall deaths in the United States.

Initiatives that empower students with knowledge of the warning signs and resources for prevention can help in preventing suicide, which this legislation will help to accomplish.

The pandemic has greatly impacted the mental health of Americans across the country. It is critical that we continue addressing these growing challenges and work to prevent youth suicide while promoting the mental wellness of all.

Mr. Speaker, I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I urge support of this bill. It is bipartisan, and again, we would be sending it to the President with our action today.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, S. 1543.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

SUPPORTING THE FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH AND THE REAGAN-UDALL FOUNDATION FOR THE FOOD AND DRUG ADMINISTRATION ACT

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (S. 1662) to increase funding for the Reagan-Udall Foundation for the Food and Drug Administration and for the Foundation for the National Institutes of Health.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 1662

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Supporting the Foundation for the National Institutes of Health and the Reagan-Udall Foundation for the Food and Drug Administration Act”.

SEC. 2. REAGAN-UDALL FOUNDATION AND FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH.

(a) REAGAN-UDALL FOUNDATION FOR THE FOOD AND DRUG ADMINISTRATION.—Section 770(n) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 379dd(n)) is amended by striking “\$500,000 and not more than \$1,250,000” and inserting “\$1,250,000 and not more than \$5,000,000”.

(b) FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH.—Section 499(l) of the Public Health Service Act (42 U.S.C. 290b(l)) is amended by striking “\$500,000 and not more than \$1,250,000” and inserting “\$1,250,000 and not more than \$5,000,000”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Kentucky (Mr. GUTHRIE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and include extraneous material on S. 1662.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

I rise today in support of S. 1662, the Supporting the Foundation for the National Institutes of Health and the Reagan-Udall Foundation for the Food and Drug Administration Act.

In December, this Chamber considered and passed the House companion